OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE

Amended vorsur

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDID SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Candidate Name: (See the Schedule of Reporting Dates to complete this section) Amended First st Preliminary Primary 2nd Preliminary Primary Short Form (c) Mailing Address: Final Primary Preliminary General REPORTING PERIOD Final Election Period ly 1 06 through Sept 8 '06 Supplemental SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) COLUMN A COLUMN B **ELECTION PERIOD**² TOTAL THIS PERIOD TOTAL TO DATE Cash on Hand at the Beginning of the Election Period.. (C) Cash on Hand at the Beginning of this Reporting Period..... Total Receipts (From Line 15)..... 7110,49 Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)..... 6789.25 7110.49 Total Disbursements (not including Unpaid Expenditures) (From Line 19)..... 4564.68 4885.92 Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4).... 2224.57 2224 S7 Total Loans at the Closing of this Reporting Period..... 0 Total Unpaid Expenditures at the Closing of this Reporting Period..... Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)..... 9. 10. Surplus/Deficit (Subtract Line 9 from Line 6)..... I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.

An Equation Period is the supplemental form only Section II, and Section III of this Disclosure Report.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

COLUMN A

COLUMN B ELECTION PERIOD

RECEIPTS **TOTAL THIS PERIOD** TOTAL TO DATE 11. Contributions From: 11(a) Individuals/Other Entities/Noncandidate Committees/Political Parties 623 1142.99 1 1 (a) (i) Monetary and Non-Monetary Contributions of \$100 or Less..... 1400 11(a)(ii) Monetary and Non-Monetary Contributions of More Than \$100..... 1400.00 2023.00 1 (a)(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))..... 2542,99 11(b) Candidate or Candidate's Immediate Family (b) Monetary and Non-Monetary Contributions of \$100 or Less..... 11(b)(i) (i) \mathcal{O} 1-1 (b) (ii) Monetary and Non-Monetary Contributions of More Than \$100...... 456750 4567,50 4567,50 11(b)(iii) (iii) Subtotal (Add Lines 11(b)(ii) and 11(b)(iii))..... 12 12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)..... 6590,50 7110.49 13 13. Public Funds and Other Receipts..... 14 ď 0 7110.49 15 6590.50 15. Total Receipts (Add Lines 12 through 14)..... **DISBURSEMENTS** 4564.68 17 17. Loans Repaid or Forgiven..... 18 18. Unpaid Expenditures Paid or Forgiven..... 19 19. Subtotal Disbursements (Add Lines 16 through 18)..... 20. Unpaid Expenditures..... 21. Total Disbursements (Add Lines 19 and 20).....

£	CHECK ONLY ONE BOX US # SEPARATE SCHEDULE(S) FOR EACH CATEGORY B	EL
	INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES	<u> </u>

CANDIDATE OF CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

Submitted

Amended 9/141

MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

	I OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON AND CANDIDATE COMMITTEE NAME:	PAGE	2 0	
DATE OF DEPOSIT OR RECEIPT OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE	
N-MONETARY NTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIO TOTAL TO DAT
6 Sept	Saramae Landles 15-2721 Ohiki St. Pahoa, 1+1. 96778	le tered	\$ 3000.00	TOTAL TO DA
·	mother of candidate			Winds and the second se
Sept	Sara Bugas 15-2727 Oluku St. Palasa H19078	refined	1577.50	
	NON-MONETARY CONTRIBUTION			

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	NON-MONETARY CONTRIBUTION		<i>(</i> ***)	
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	NON-MONETARY CONTRIBUTION			
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	NON-MONETARY CONTRIBUTION			
- Transmission Commission			***************************************	
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MONETA	ONETARY AND NON-MONETARY CONTRIBUTIONS THIS PRIVATE AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THE Number of the Disclosure Report - 11(a)(ii) 11(a)(iii)	ERIOD (This Page)	\$ 3000.00 4567.58	